

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000088886

**Entity Name:** MEDINA BEHAVIOR THERAPY CORP

**Current Principal Place of Business:**

8650 SW 133RD AVE  
418  
MIAMI, FL 33183

**Current Mailing Address:**

8650 SW 133RD AVE  
418  
MIAMI, FL 33183 US

**FEI Number:** 87-3078255

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZAMORA MEDINA, ADRIANA  
8650 SW 133RD AVE  
418  
MIAMI, FL 33183 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ZAMORA MEDINA, ADRIANA  
Address 8650 SW 133RD AVE APT 418  
City-State-Zip: MIAMI FL 33183

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADRIANA ZAMORA MEDINA

**PRESIDENT**

**02/12/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date